

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90024 029 ***150.00



DOCUMENT # 464718
 1. Entity Name
BREVARD PROFESSIONAL SERVICE CORP.

Principal Place of Business Mailing Address
1304 OAK STREET **1304 OAK STREET**
MELBOURNE, FL 32901 **MELBOURNE, FL 32901**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1556046 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHRADER, KEITH J MD
1304 OAK STREET
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHRADER, KEITH J MD	
STREET ADDRESS	1304 OAK STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROST, JEFFREY A MD	
STREET ADDRESS	1304 OAK STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	C	<input type="checkbox"/> Delete
NAME	SALTZMAN, LYLE S MD	
STREET ADDRESS	1304 OAK STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CAMPS, MARIO A MD	
STREET ADDRESS	1304 OAK STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ZIPPER, KIM E MD	
STREET ADDRESS	1304 OAK STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Abad, Fernando O MD		
STREET ADDRESS	1304 Oak Street		
CITY-ST-ZIP	Melbourne, FL 32901		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith J. Schrader, M.D., President Date: 1/17/2006 Daytime Phone #: (321) 723-4723